

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
<div style="text-align: center;">DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING</div>		
		CASE NUMBER:

1. This proceeding came on for hearing as follows:
- a. Date: _____ Time: _____ Dept.: ☐ Div.: ☐ Room: ☐
- b. Judge (*name*): _____
- c. Present in court:
- | | |
|---|--|
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Probation officer (<i>name</i>): | |
| <input type="checkbox"/> Social worker (<i>name</i>): | |
| <input type="checkbox"/> County counsel (<i>name</i>): | |
| <input type="checkbox"/> District attorney (<i>name</i>): | |
| <input type="checkbox"/> Other (<i>name and relationship to minor</i>): | |
2. **THE COURT FINDS THAT:**
- a. ☐ Notice was given as prescribed by the court.
- b. ☐ Warning has been given to the petitioner's ☐ mother ☐ father that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.
- c. The petitioner is a person described by Family Code section 7120.
- d. Emancipation is not contrary to the best interests of the petitioner.
3. **THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.**

Date: _____

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy